

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (02-01)

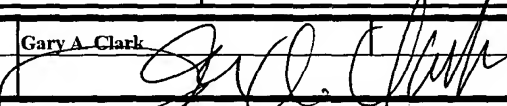
Approved for use through 01/31/2004. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>	<table border="1" style="width:100%"><tr><td>Attorney Docket No.</td><td>0WHH-104381</td></tr><tr><td>First Named Inventor</td><td>John W. Matthews</td></tr><tr><td>Original Patent Number</td><td>5,629,105</td></tr><tr><td>Original Patent Issue Date (Month/Day/Year)</td><td>5/13/1997</td></tr><tr><td>Express Mail Label No.</td><td>EV 169693295 US</td></tr></table>	Attorney Docket No.	0WHH-104381	First Named Inventor	John W. Matthews	Original Patent Number	5,629,105	Original Patent Issue Date (Month/Day/Year)	5/13/1997	Express Mail Label No.	EV 169693295 US
Attorney Docket No.	0WHH-104381										
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Original Patent Number	5,629,105										
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Express Mail Label No.	EV 169693295 US										
<b>APPLICATION FOR REISSUE OF:</b> (Check applicable box) <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent											
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>  1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/ 56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format <i>(amended, if appropriate)</i> 4. <input checked="" type="checkbox"/> Drawing(s) <i>(proposed amendments, if appropriate)</i> 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. § 1.175) (PTO/SB/51 or 52)</i> 6. <input checked="" type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all of the following are necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	<b>ACCOMPANYING APPLICATION PARTS</b>  10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i> 13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i> 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 17. Other: <u>Offer to Surrender</u> ----- -----										
<b>18. CORRESPONDENCE ADDRESS</b> <input type="checkbox"/> Customer Number or Bar Code Label <span style="border: 1px solid black; padding: 2px;">30764</span> or <input type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>											
<table border="1" style="width:100%"><tr><td colspan="2">Name</td></tr><tr><td colspan="2">Address</td></tr><tr><td>City</td><td>State</td></tr><tr><td>Country</td><td>Telephone</td></tr><tr><td>Zip Code</td><td>Fax</td></tr></table>		Name		Address		City	State	Country	Telephone	Zip Code	Fax
Name											
Address											
City	State										
Country	Telephone										
Zip Code	Fax										

NAME (Print/Type)	Gary A. Clark	28,060	Date
Signature		9/9/2003	

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10/658851  
09/09/03

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

0WHH-104381

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee		
(A)	1	(B)	1	0	= x \$ 9 =	\$0	or x \$ 18 = \$0
(C)	1	(D)	1	0	= x \$ 42 =	\$0	x \$ 84 = \$0
Total Claims (37 CFR 1.16(i))				Basic Fee (37 CFR 1.16(h))		\$375	\$750
Independent claims (37 CFR 1.16(i))				Total Filing Fee		\$375	\$750

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	*** 83	MINUS ** 78	= 5	x \$ 9 =	\$45	x \$ 18 =	\$90
Independent Claims (37 CFR 1.16(i))	*** 10	MINUS ***** 8	= 2	x \$ 42 =	\$84	x \$ 84 =	\$168
Total Additional Fee					\$129	OR	\$258

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-1853.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 504 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

September 9, 2003

Date

Signature of Applicant, Attorney or Agent of Record

Gary A. Clark

Typed or printed name

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): John W. Matthews

Docket No.

0WHH-104381

Serial No.

Filing Date

Examiner

Group Art Unit

Invention: **FLASHLIGHTS AND OTHER BATTERY-POWERED APPARATUS FOR HOLDING AND ENERGIZING TRANSDUCERS**

I hereby certify that the following correspondence:

Reissue Application for Design Patent No. 5,629,105

*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

September 9, 2003*(Date)*

Gary A. Clark

*(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)*

EV 169693295 US

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